Level	Type
Start Date	End Date
Course #	Location



Idaho EMS Bureau

Advanced EMT-A Skills Evaluation Record

Student Name:	(for instructor use, copy as needed)
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Module #	Practical Skill Sheet	Date	Evaluator	S	U
	Oxygen Administration				
	Mouth to Mask with Oxygen				
	Upper Airway Adjuncts / Suction				
	BVM Ventilatory Management				
	Bleeding Control / Shock				
	Spinal Immobilization Seated				
	Spinal Immobilization Supine				
	Traction Splinting				
	Long Bone Immobilization				
	Joint Immobilization				
	Cardiac Arrest Management / AED				
	Patient Assessment - Trauma				
	Patient Assessment - Medical				
	Epinephrine Auto Injector				
	IV Access				
	IO Access				
	Endotracheal Intubation				
	Multi-lumen Airway				
	Advanced Patient Assessment				
	Medical Communications				
	Comm	nents:			

I verify that the information on this document is true and correct.

Course Coordinator Signature _